

County: Anderson

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CALLIE & JOHN RAINEY HOSPICE HOUSE 1835 ROGERS RD ANDERSON, SC 29621-2278 FAC.#:864-224-3358 MELBOURNE, PAMELA S PH#: 864-224-3358 Facility Email: PMELBOURNE@HOSPICEHOUSE.NET	Anderson / Corporation 1835 ROGERS RD ANDERSON, SC 29621-2278 HOSPICE OF THE UPSTATE INC HPF-0001 / 08/31/2014	32

Totals For Facility/License Type:Hospice FacilityNumber of Activities/Facilities licensed: 1 Number Licensed Units: 32Number of Activities/Facilities licensed in county of Anderson # Lics: 1
Number Licensed Units : 32

County: Charleston

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HOSPICE CENTER OF HOSPICE OF CHARLESTON 676 WANDO PARK BLVD MOUNT PLEASANT, SC 29464-7936 FAC.#:843-654-5755 FEAGIN, ROSINA PH#: 843-529-3100 Facility Email: MELISSA.KIRCH@GENTIVA.COM	Charleston / Ltd. Liability 12900 FOSTER ST STE 400 OVERLAND PARK, KS 66213-2696 WIREGRASS HOSPICE OF SOUTH CAROLINA LLC HPF-0005 / 08/31/2014	20

Totals For Facility/License Type: Hospice FacilityNumber of Activities/Facilities licensed: 1 Number Licensed Units: 20Number of Activities/Facilities licensed in county of Charleston # Lics: 1
Number Licensed Units : 20

Division of Health Licensing

County: Florence

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
MCLEOD HOSPICE HOUSE 1203 E CHEVES ST FLORENCE, SC 29506-2711 FAC.#:843-777-4700 HARRISON-PAVY RN, JOAN PH#: 843-777-2564 Facility Email: JPAVY@MCLEODHEALTH.ORG	Florence / Non-Profit Corporation PO BOX 100551 FLORENCE, SC 29502-0551 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC HPF-0003 / 09/30/2014	24

Totals For Facility/License Type: Hospice FacilityNumber of Activities/Facilities licensed: 1 Number Licensed Units: 24

Number of Activities/Facilities licensed in county of	<u>Florence</u>	# Lics: <u>1</u>
	Number Licensed Units :	<u>24</u>

County: Georgetown

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
TIDELANDS COMMUNITY HOSPICE HOUSE 2591 N FRASER ST GEORGETOWN, SC 29440-6411 FAC.#:843-546-3410 PH#: Facility Email: SHANE.PLAYER@TIDELANDSHOSPICE.ORG	Georgetown / Non-Profit Corporation 2591 N FRASER ST GEORGETOWN, SC 29440-6411 TIDELANDS/GHS JOINT VENTURE LLC HPF-0008 / 01/31/2014	12

Totals For Facility/License Type: Hospice FacilityNumber of Activities/Facilities licensed: 1 Number Licensed Units: 12Number of Activities/Facilities licensed in county of Georgetown # Lics: 1
Number Licensed Units : 12

County: Greenville

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
MCCALL HOSPICE HOUSE OF GREENVILLE 1836 W GEORGIA RD SIMPSONVILLE, SC 29680-7212 FAC.#:864-688-1700 HOLTZER, ANDREA M PH#: 864-688-1700 Facility Email: ANDREA_HOLTZERE@BSHSI.ORG	Greenville / Corporation 1836 W GEORGIA RD SIMPSONVILLE, SC 29680-7212 ST FRANCIS HOSPITAL INC HPF-0010 / 07/31/2014	30

Totals For Facility/License Type: Hospice FacilityNumber of Activities/Facilities licensed: 1 Number Licensed Units: 30Number of Activities/Facilities licensed in county of Greenville # Lics: 1
Number Licensed Units : 30

Division of Health Licensing

County: Greenwood

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HOSPICE HOUSE OF HOSPICECARE OF THE PIEDMONT 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 FAC.#:864-227-9393 CORLEY RN, NANCY B PH#: 864-227-9393 Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG	Greenwood / Non-Profit Corporation 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 HOSPICECARE OF THE PIEDMONT INC HPF-0002 / 05/31/2014	15

Totals For Facility/License Type: Hospice FacilityNumber of Activities/Facilities licensed: 1 Number Licensed Units: 15

Number of Activities/Facilities licensed in county of	<u>Greenwood</u>	# Lics: <u>1</u>
	Number Licensed Units :	<u>15</u>

Division of Health Licensing

County: Laurens

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HOSPICE OF LAURENS COUNTY-HOSPICE HOUSE 1304 SPRINGDALE DR CLINTON, SC 29325-7226 FAC.#:864-833-6287 GAULT, LINDA L PH#: 864-833-6287 Facility Email: LGAULT@HOSPICEOFLAURENSCOUNTY.COM	Laurens / Non-Profit Corporation 1304 SPRINGDALE DR CLINTON, SC 29325-7226 HOSPICE OF LAURENS COUNTY INC HPF-0014 / 10/31/2014	12

Totals For Facility/License Type: Hospice FacilityNumber of Activities/Facilities licensed: 1 Number Licensed Units: 12Number of Activities/Facilities licensed in county of Laurens # Lics: 1
Number Licensed Units : 12

County: Oconee

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
OCONEE HOSPICE OF THE FOOTHILLS COTTINGHAM HOUSE 220 TUCKER LN SENECA, SC 29672-6669 FAC.#:864-882-8940 MILLER, PAM PH#: 864-885-7170 Facility Email: ARLENE.PRIVETTE@OCONEEMED.ORG	Oconee / Non-Profit Corporation 390 KEOWEE SCHOOL RD SENECA, SC 29672-6743 OCONEE MEDICAL CENTER HPF-0011 / 09/30/2014	15

Totals For Facility/License Type: Hospice FacilityNumber of Activities/Facilities licensed: 1 Number Licensed Units: 15Number of Activities/Facilities licensed in county of Oconee # Lics: 1
Number Licensed Units : 15

County: Richland

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AGAPE HOSPICE HOUSE OF THE MIDLANDS 141 STONERIDGE DR COLUMBIA, SC 29210-8240 FAC.#:803-454-1221 PLYLER, LYNDSEY M PH#: 803-454-1221 Facility Email: Not on File	Richland / Corporation 141 STONERIDGE DR COLUMBIA, SC 29210-8240 CAROLINAS COMMUNITY HOSPICE INC HPF-0020 / 08/31/2013 (Renewal Pending)	12

Totals For Facility/License Type: Hospice FacilityNumber of Activities/Facilities licensed: 1 Number Licensed Units: 12Number of Activities/Facilities licensed in county of Richland # Lics: 1
Number Licensed Units : 12

Division of Health Licensing

County: Spartanburg

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HOSPICE HOUSE OF THE CAROLINA FOOTHILLS 260 FAIRWINDS RD LANDRUM, SC 29356-9075 FAC.#:864-457-9100 PAINTER, GWENDOLYN P PH#: 864-457-9100 Facility Email: HOCF@HOCF.ORG	Spartanburg / Non-Profit Corporation 260 FAIRWINDS RD LANDRUM, SC 29356-9075 HOSPICE OF THE CAROLINA FOOTHILLS INC HPF-0015 / 03/31/2014	12
SPARTANBURG REGIONAL HOSPICE HOME 686 JEFF DAVIS DR SPARTANBURG, SC 29303-2092 FAC.#:864-560-5620 DAWKINS, TRACEY L PH#: 864-560-5620 Facility Email: LHARRIS@SRHS.COM	Spartanburg / District 686 JEFF DAVIS DR SPARTANBURG, SC 29303-2092 SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC HPF-0007 / 12/31/2013	15

Totals For Facility/License Type:Hospice Facility

Number of Activities/Facilities licensed: 2 Number Licensed Units: 27

Number of Activities/Facilities licensed in county of Spartanburg # Lics: 2
 Number Licensed Units : 27

Division of Health Licensing

County: York

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HOSPICE & COMMUNITY CARE HOUSE 2275 INDIA HOOK RD ROCK HILL, SC 29732-1223 FAC.#:803-329-1500 ARMSTRONG, JANE M PH#: 803-329-1500 Facility Email: JANE@HOSPICECOMMUNITYCARE.ORG	York / Non-Profit Corporation PO BOX 993 ROCK HILL, SC 29731-6993 CAROLINA COMMUNITY CARE INC HPF-0012 / 12/31/2013	16

Totals For Facility/License Type: Hospice FacilityNumber of Activities/Facilities licensed: 1 Number Licensed Units: 16

Number of Activities/Facilities licensed in county of <u>York</u>	# Lics: <u>1</u>
Number Licensed Units : <u>16</u>	

Report Totals

Total Number of Activities/Facilities licensed 12 Total Number Licensed Units: 215